Mental Health and Homelessness Fund

Comparative evaluation

Neighbourly Lab / St.Martins Charity

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1. Introduction and Purpose

St Martin in the Fields has funded three locally designed mental health interventions within homelessness services across the UK. These are with Rowan Alba (Scotland), Plattform (Wales), MAC UK (England). Whilst each of the projects were distinct in their approach and setting, each has sought to bring mental health support to people experiencing homelessness / living in supported accommodation.

Neighbourly Lab has worked with all three grantees in different ways to support them with pulling out and sharing key findings eliciting what has worked well and less well in during the funded period. This report brings together all this learning from across the programme. Rather than evaluating the three projects against a single model, it looks comparatively at what changed, how those changes appear to have happened, what was easier or harder to implement, and what value has been left behind. This document sits amongst a suite of other reports: individual organisational reports/ presentations, workshop sessions and impact statements.

It is important to note that the evidence available across the three projects is mixed. Much of the strongest evidence is qualitative, drawing on the experiences of clients, where possible, but mainly from frontline staff, commissioners, NHS colleagues, local authorities and housing providers. The purpose of this synthesis is therefore not to make definitive causal claims, but to draw similarities and difference across the projects: where there is consistent evidence of value, where this varies between interventions, and what this might tell us about future investment in mental health and homelessness prevention.

Comparative Overview of the Three Projects

MAC UK in Partnership with Look Ahead: Co-production with young people

- **Intervention:** integrating a team of psychologists, practitioners, youth workers and academics into supported accommodation, using co-production as a mechanism for change. The focus was on understanding context of mental health, not just the clinical issue
- **Context :** Responding to Mental Health needs of young people experiencing homelessness and the difficulties they face accessing mainstream mental health services. Supported staff to work through a co-production approach.
- **Scale:** Two supported accommodation services for homeless young people aged 16-25- approximately 20 young people, some with 1 to 1 support, over 2.5 years.
- **Intensity:** Relatively high as MAC staff worked within accommodation service, support in developing ongoing relationships with young people, giving one to one support as well as trying to change how Look Ahead staff work with young people. 85 sessions
- **Intended changes:** Increase young people's participation and influence, create psychologically informed accommodation, provide mental health support and change wider housing system
- **Distinctive features:** multidisciplinary with psychologists working with youth workers and housing staff, psychological support brought into the accommodation and supported co-production of 2 projects

Rowan Alba: Psychology in Hostels

- **Intervention:** NHS clinical Psychologist and an assistant embedded in supported accommodation services in Edinburgh.
- **Context**: Developed for people with long-term experience of homelessness, trauma and mental health difficulties and addiction who struggle to access mainstream psychological services.
- **Scale**: Across two supported accommodation services. Approx 15 people per year, c.50% given additional therapeutic support. Staff given training and supervision in Mental Health and Trauma Informed working. Over 3 years.
- **Intensity:** High intensity staff contact time, as embedded intervention, rather than short term or one off clinical service. Includes one to one support, regular staff training and supervisions
- **Intended changes:** Residents access much needed psychological support, trust and psychological safety, manage distress and develop coping strategies and engage with mainstream mental health services and stay in accommodation.. Creating psychologically informed environments with staff training and reflective practice.
- **Distinctive features:** NHS expertise outside a conventional NHS setting, embedded in housing, relationship first approach, works with the system not just the individual, flexible and accessible bridge to mainstream services

Plattform: Asset coach in crisis house

- **Intervention:** An Asset Coaching based at the Crisis House, who works with clients during their stay and once they return home.
- **Context:** It responds to a gap where people leave intensive crisis support and return to the circumstances that may have contributed to their crisis, giving them coping skills and scaffolding to stay in their home settings.
- **Scale:** One to One coaching for people transitioning from the 24 hour staffed crisis house back into the community. The house accommodates up to nine people per night- worked with c. 20-25 people per year. Over 3 years.
- **Intensity:** Relatively high intensity, as relational work with clients rather than lighter one-off referral or signposting. Coach begins working with people before they leave the crisis house and works alongside them after they've returned to the community.
- **Intended changes:** People are supported to stay in their home, and get necessary support from the community, preventing future mental health crises
- **Distinctive features:** This is not clinical, it is a flexible and practical relationship that is personal to someone's unique set of circumstances and works with them when they go back to the community.

2. Evidence of Positive Change

Overall finding

Taken together, the three projects show that relatively **small-scale, high-intensity interventions can have benefits that reach more widely than the individual people directly supported**.

Across the programme, there is evidence of people experiencing more stable accommodation, improved access to mental health and other services, greater confidence and independence, participation in shared activities, reduced escalation into crisis, and positive changes for frontline staff's knowledge and understanding, all positively impacting the wider working environment.

Programme-wide learning also points to greater housing stability, fewer police and emergency health call-outs, fewer court appearances, increased support and collaboration with community organisations, increase in attending appointments. and reduction in staff turnover, although the evidence for these wider system outcomes comes from a small number of interviews with staff in the organisations and commissioners at Local Authorities.

Key positive change by organisation

MAC UK

MAC UK worked with young people to develop psychologically informed approaches to the physical environment , relationships and support. Young people felt able to engage, design and develop their living space to have activities and projects that they wanted to do. They were able to identify what they needed from housing support including autonomy. Staff learnt about co-production as a way of working with young people.

ROWAN ALBA

Workforce impact and resident impact: staff described being better able to understand behaviour, respond consistently and work in a psychologically informed way, alongside benefits to their own wellbeing and retention in roles.
They also described the benefits to residents, as a result of getting psychological support. They present with more consistent behaviour, positively impacting on their living environment as well as reducing emergency situations.

PLATTFORM:

The clearest evidence relates to individual journeys out of crisis. Most people supported who took up services had not returned to the crisis house, while clients were also reported to have sustained or found accommodation, accessed benefits and services, and begun addressing health, financial and relationship issues. These are valuable proxy measures of prevention, even though it cannot be demonstrated that homelessness would otherwise definitely have occurred.

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Positive change in more detail

Area of change	MAC UK	ROWAN ALBA	PLATTFORM	Comparative strength
Access to mental health/wider support	Through relationship building group work and practical support, and creating a psychologically informed environment, young people had more access to Mental Health support, filling a gap where community support was not available	Bringing the psychologist in home overcame barriers to accessing conventional Mental Health services, and helped residents get other support. Psychological expertise was available within the everyday environment.	Asset coach helped clients access housing, benefits, health and community support, and offered accompaniment until people were confident to be independent	Strong across all, especially Rowan Alba and Plattform
Mental Health and wellbeing	Evidence of stronger wellbeing, engagement, relationships and social connection in the accommodation. Increase in sharing about their challenges, building relationships with staff and getting involved in the co-production - mental health support with peer involvement	Earlier support, increased coping, reduced escalation, residents more able to engage with care. Lower incidents of emergency services or police interventions. Presence and support also created a calmer living environment	Ongoing emotional and practical support after leaving the crisis house; reduced anxiety and practical pressures which were an important element of preventing further crises.	Strong but evidenced differently
Housing stability and homeless prevention	Mental health support provided a preventative role, young people received support in their housing environment so that MH difficulties didn't undermine their placement. Housing staff and young people built better relationships, helping with housing stability and psychological safety	Greater ability to sustain accommodation and reduced cycles through homeless and temporary accommodation	Most people who engaged with support had not returned to the crisis house, including sustaining existing housing and securing temporary or permanent accommodation	Strong outcomes across all organisations (more indirect for MAC UK)

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Positive change in more detail (2)

Area of change	MAC UK	ROWAN ALBA	PLATTFORM	Comparative strength
Staff capability and well being	MAC UK said they supported staff with supervision sessions, and to work alongside young people to co-produce the service. They also delivered training in anti-oppressive practices. It influenced how they saw mental health and co-production	This is a major area of impact. Reflective practice, training and access to psychological expertise increased staff confidence and wellbeing and reportedly supported retention.	Some learning for the Asset Coach and wider practice, but staff development was not a central element of the model.	**Strongest at Rowan Alba**
Wider system impact	Model was designed to work beyond individual people and aimed to transform existing systems around them, shifting power. The multidisciplinary way of working challenged the conventional separation between housing support and mental health	Frontline staff reported fewer hospital admissions, emergency call-outs, police involvement and court appearances.	Prevention is apparent through reduced return to crisis services and avoiding problems escalating, but wider system savings are less directly evidenced.	**Strongest evidence at Rowan Alba**
Independence and confidence of residents	Through meaningful involvement in co-designing activities young people became active contributors, building relationships and participating in activities.	Residents were better able to communicate with services, attend appointments and manage tenancies.	Particularly visible: clients developed skills, confidence and practical knowledge to manage housing, finances and everyday life more independently.	**Stronger at Plattform, promising through MAC UK and Rowan Alba**

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3. What did not work as intended, or worked less well

The projects were **deliberately flexible and developmenta**l. This was an important part of their value, but it also meant that some aspects of delivery had to be worked out during implementation rather than being clear from the outset.

A recurring learning is that **flexibility works best when it sits within clear parameters**. The programme found that where roles and boundaries were well understood, staff and clients knew what support could be expected and the intervention could remain responsive without becoming unclear. **Where role boundaries were less clear, this created expectation and coordination problems.**

This was particularly visible at Platfform. The Asset Coach role became more flexible, relational and technically demanding than the original job description suggested. Much of the learning happened on the job; boundaries with clients had to be developed; the part-time role covered a wide geography; partnerships were often informal; and the role remained relatively separate from other Platfform casework. Changes in staffing also meant that time was repeatedly needed to understand and embed the role. Future implementation needs a clear role description and time to build relationships within the organisation and outside with partners.

At Rowan Alba, the challenge was less about the definition of the psychologist role and **more about bringing the wider workforce with the intervention. Some staff were initially sceptical about what an embedded psychologist would add.** The fact that this scepticism shifted strongly over time is positive, but it suggests that future implementation should involve frontline teams from the outset, explaining what the role is, what it is not, and how it will support their own work. The report also emphasises that successful delivery depends heavily on finding someone with the right disposition and relational skills, alongside their technical expertise.

At MAC UK the challenge **was wider than the intervention itself as it included an ambition for systems change,** which required more time and resource as well as excellent partnerships and collaborations. **As an external organisation coming into a host organisation, with the ambition of making some quite radical changes to power dynamics, through co-production and developing new frameworks,** there was sometimes a disconnect between the two organisations, despite them both wanting to support young people's mental health outcomes and believing in the value of co-production

Across the programme, there is therefore a wider lesson that **a new role cannot simply be placed into an organisation and easily become embedded**. Time is needed for relationship-building, staff engagement, partnership development and clarity about how the intervention fits with existing services and responsibilities. Important conditions for success include: organisational integration, engaged partners and strong external links.

4. Mechanisms of change

This section describes a strong common mechanism and then highlights what each intervention added. **These mechanisms** show that what was being funded was not simply additional mental health capacity. It was a different **way of delivering support**: embedded, relational, client-led and able to work across the boundaries between mental health, housing and wider practical needs.

Embeddedness created the conditions for relational work, and relational work created the conditions for practical change and increased housing stability.

By embeddedness we mean: being physically present, familiar and available over time and creating psychological safety to where residents are. All the funded roles were embedded, even though this was different in each context. Importantly, in each setting, the funded roles were able to build trust gradually and respond when people were ready. They didn't hurry engagement, instead they focused on the relationships they were building. They provided frequent, relaxed contact opened up opportunities for further support, development of interventions and increased uptake of referrals.

Embeddedness worked better in these contexts instead of traditional referral models, which require people navigate a complex system and attend scheduled appointments. Building relationships first and providing consistent, regular support in places where people feel comfortable, can make a significant difference to their ability to access and engage with the support they need.

Flexibility was important within this. Support worked because it could respond to what was actually happening in somebody's life rather than what a fixed service model assumed should happen. But flexibility alone was not enough: the interventions were strongest when relationship based support was combined with **relevant expertise, practical action and clear boundaries.**

This suggests a pathway something like:

Embedded presence → familiarity → trust → sharing needs / understanding them → gentle tailored support → help to access other services within a complicate system → gradually increasing stability and independence → reduced likelihood of further crisis.

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Mechanisms of change (2)

Each interventions also had different mechanisms for change

MAC -UK- GIving young people greater voice

Young people were involved in co-producing the services they wanted and played an active role throughout implementation . This shifted their position from being recipients of a housing/mental-health service to **active participants in shaping it** which is innovative for both mental health and housing interventions. The process of **co-production was both a means to an end and an end in itself.** Rather than treating mental health as an isolated clinical problem, the co-creation approach worked by encouraging agency and participation for the young people within their housing, relationships with peers and staff and shaping their community.

Rowan Alba – bringing clinical expertise into the residential settings

The distinctive contribution was not simply access to an NHS psychologist, but having that psychologist **embedded as a trusted part of the residential setting**. Residents who had struggled to engage with conventional services could receive psychological support in a familiar environment, **while staff had immediate access to psychological expertise, reflective practice and expert training.** This created both an i**ndividual intervention and a whole-setting intervention: residents received support directly, while the people who worked with them became better able to respond in a psychologically informed way**. They worked better with residents, each other and this contributed to reduction in staff turn over too.

Platfform – bridging crisis and everyday life

The distinctive contribution of the Asset Coach was the combination of **relational, practical and technical support**, starting in the crisis house and continuing with people after they returned home. The role could move from emotional reassurance to benefits, housing, forms, appointments, community services or accompaniment depending on the person's circumstances. **No one element was sufficient alone: the value came from drawing on the right kind of support at the point at which the client was ready for it.**

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5. Legacy and sustainability

These interventions worked intensively at a small scale, and much has already been reported about the impact they have had on people's lives and circumstances.

The legacy of these three interventions is not limited to how they have supported individuals. Each project has demonstrated that they have changed skills, relationships, expectations of self and services and ways of working. Through trialling in-place psychological support, that offers flexibility and is tailored to people's needs, the organisations, staff and partners have also benefited.

The sustainability of the work is harder to determine. Both Rowan Alba and Plattfom have demonstrated the benefits of working closely with residents, and Rowan Alba with staff. However, we can also see the limits of relying on an individual funded post to hold the relationships, expertise (in Rowan Alba's case) and build partnerships. Through MAC UK we also see the challenges of funding finishing, yet the desired structural changes need much longer term collaboration and different ways of working. If the roles disappear without the learning being effectively built into wider organisational practice some of the value is likely to be lost. Importantly this needs to be held by senior leaders, not just frontline staff.

There need to be a combination of specialist support, deliberate knowledge transfer and staff capacity building into new ways of working across the wider organisation.

MAC UK

Contributed to a more psychologically informed, integrated model of supported housing by embedding mental health expertise and co-production within everyday accommodation. The work has been cited as helping Look Ahead to think about other young people's services and using therapeutic approaches. MAC UK has also developed a framework for other housing settings to use to work using co-production with young people.

ROWAN ALBA

Legacy is visible through the work the NHS Psychologist did with the housing frontline staff. Through training in psychological conditions and trauma informed approaches, as well as reflective practice, one to one support and access to the psychologist; it changed how teams understood and responded to residents (and each other. This knowledge does not disappear once the role has ended. Furthermore, training materials have been developed which could be shared more widely across Rowan Alba (and other) settings.

PLATTFORM

The legacy of this project is demonstrated with the clients, particularly in building confidence, knowledge of and access to services, social connections in the community and practical skills to manage future problems more independently. The project has also generated helpful learning about what an Embedded Asset Coach role needs in order to work well, including role definition, training, boundaries, internal organisational integration and stronger community partnerships; which contributes to sector knowledge building.

6. Implementation and organisational conditions

Through these grants we have seen how the intervention works through the individual, but success will depend on the organisation and system around them. Below are a clear set of conditions which are more likely to help these types of interventions work, leave a legacy and become sustainable.

- **Get the role right from the outset:** Roles need enough flexibility to respond to individual circumstances, but clear enough parameters that clients, staff and partners understand what is and is not within scope.
- **Recruit for approach as well as technical expertise:** These roles require people who can build relationships with people experiencing significant complexity and work comfortably across professional and organisational boundaries. Rowan Alba and Plattfom in particular show that the person delivering the role is an important part of the intervention itself.
- **Allow time for embeddedness:** Trust with clients, staff and partners does not happen immediately. Frequent contact and continuity matter, so longer term models are recommended.
- **Bring frontline staff with the intervention:** Initial engagement and organisational buy-in make it easier for specialist roles to become part of everyday practice rather than remaining an add-on. Programme-wide evidence shows positive staff effects where this happened. When it is a partnership, ensure that everyone is aligned in the scope of the role and outcomes.
- **Integrate the role organisationally:** Platfform demonstrates the limitations of a role remaining relatively separate from wider casework; across the programme, better integration supported coordination, referral and the transfer of learning. Senior Leadership across all organisations have an important part to play in this.
- **Resource partnership-working :**Relationships with NHS, local authority, housing, benefits and community services are part of the delivery model rather than an optional extra. They need time and capacity built in and protected to ensure that these interventions sit within a wider eco-system of support..
- **Match capacity to geography and caseload:** The Platfform experience shows that a flexible outreach role can become stretched when a part-time worker is expected to cover a wide geography.
- **Expect organisational change and staff turnover:** Because relationship and organisational knowledge are so important to these models, continuity matters. Where staff change, sufficient time is needed for the role and its partnerships to become embedded again.

7. Conclusions and Implications

These three programmes demonstrate that small-scale interventions can have a meaningful impact when mental health support is embedded within housing settings, particularly when it is relational, flexible and responsive to the whole person. While it is difficult to draw direct comparisons across three diverse, small-scale interventions, the projects offer several useful learnings about how mental health and housing support can be more effectively integrated:

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- **Direct mental health support has improved housing stability**: whether delivered in housing settings or as part of a transition back into the community, the direct work has supported improved mental health and stability and helped to prevent returns to rough sleeping or homelessness. ,
- **Different mechanisms drove change across different settings:** The projects demonstrate that a range of approaches to mental health support can have a positive impact, when delivered across different settings and with different groups of residents.
- **Embedding support was essential for building trust:** Being embedded within housing settings created opportunities for regular contact and relationship building between the staff and residents, which formed an important foundation for the mental health support.
- **Building the workforce knowledge and skills extended the impact:** Training and supporting the staff teams in psychologically informed ways of working had more impact than expected. This suggests that these approaches are most effective when they are embedded across the whole workforce, in addition to having a single specialist role, individual expert.
- **Partnership working helped to sustain support**: Building strong relationships with relevant organisation that can provide additional support for residents and service users can help to sustain the benefits of the interventions.

7. Final Reflections

These funded interventions responded to the interconnecting complexity of housing stability and mental health.

They worked differently but had a commonalities. Rather than expecting people to fit into existing systems, support was taken to where people were, relationships were given time to develop, and the intervention was able to respond or co-create to what mattered to the individual. **Across the programme this was associated with more stable housing, improved engagement with housing staff and other services, increased independence, reduced crisis and benefits to frontline staff and wider systems.**

There are limits to what can be concluded. The projects were small scale, locally designed and evaluated differently. Much of this evidence is qualitative, the outcome data is inconsistent, and, of course, prevention is inherently difficult to attribute, because the outcome of interest is in part, something *that didn't happen.*

Due to ethical reason, only a minority of residents were interviewed, so evidence of outcomes came from staff. Longer term follow up would be needed to see if co-produced projects carried on, and if people's positive changes were sustained.

To measure this type of prevention in the future, it would be interesting to include longitudinal follow-up and detailed individual journey to show how an intervention has contributed to change.

It is important to think about this fund as not just about investing in individual roles, but supporting the conditions that allow holistic, relational, prevention work to have impact: time, continuity, skilled staff, organisational buy-in, partnerships and the capacity to work with people across different service boundaries.

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Thank you
For any follow up questions please contact
marnie@neighbourlylab.com

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